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Unit II: Dysrhythmia Case Study

F.B is a 70 y.o. retired gentleman who was admitted with worsening heart failure with decompensation. He experienced a cardiac arrest on the floor (pulseless V-Tach) and was defibrillated with one shock. He is a patient in the ICU, and is under your care today. He is on an amiodarone gtt and is scheduled for evaluation in the cath lab today.

PMH: CAD, HTN, hyperlipidemia, previous MI

Subjective Data: Reports dyspnea with activity, and residual chest discomfort from the defibrillation

Objective Data: Appears pale, weak, anxious
Temp 100.4 Oral, HR 70, RR 26, BP 104/56
Lungs: Bibasilar rales, shallow inspiratory effort
Heart: Audible S3

Diagnostics: 2D echo: EF 25%
K+ = 2.9

EKG:

Directions:

1) Interpret the rhythm above:

normal sinus rhythm with 2 PVCs

2) Why do you think there is ectopy?

could be from potassium of 2.9 (WNL: 3.5 to 5), also extensive heart history that increases risk for dysrhythmias

3) Is F.B. at risk for sudden cardiac death? Why or why not?

F.B. is at risk for sudden cardiac death because of his history of heart failure, previous MI, and previous cardiac arrest with pulseless Vtach

4) Why is F.B. on an amiodarone gtt?

Amiodarone is an antiarrhythmic. F.B. is on it to prevent / treat his ventricular arrhythmia (ex. 2 PVCs from strip)

5) Is F.B. a candidate for cardiac resynchronization therapy and an ICD? Why or why not?

F.B is a candidate for cardiac resynchronization therapy and an ICD because it will help left and right ventricles communicate and pump more effectively. The ICD will help increase his EF of 28% overtime. With his hx of cardiac arrest and dysrhythmias, the ICD will help prevent these in the future.